

## Request for MCBOA Masters Salary Supplement

Office of Human Resources and Development  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
45 W. Gude Drive, Rockville, Maryland 20850

### INSTRUCTIONS

#### PROCEDURE FOR REQUESTING MCAAP/MCBOA MASTERS SALARY SUPPLEMENT

To verify and process the request for the Masters Salary Supplement, it is necessary to complete this form and submit it to the Office of Human Resources and Development (OHRD).

A request can be processed only when successful awarding of a Master's Degree from an accredited institution is verified by an official transcript. The Master's Degree must be one that is approved by Montgomery County Public Schools (MCPS) as determined by the MCPS/MCAAP Joint Collaboration Committee. In the event an official transcript is not immediately available, the MCAAP/MCBOA unit member may submit a letter from the accredited institution certifying that a Master's Degree has been awarded pending the submission of the official transcript. If the Master's Degree is not approved by the MCPS/MCAAP Joint Collaboration Committee, a letter will be forwarded to the applicant explaining the reasons for the denial.

#### QUALIFYING FOR THE MASTERS SALARY SUPPLEMENT

This supplement is based on the MCAAP/MCBOA Board of Education agreement, Article 14, Section C(8), effective July 1, 2022. This supplement will be effective upon verification by OHRD that the unit member is eligible for the Masters Salary Supplement.

### EMPLOYEE INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
School/Office \_\_\_\_\_ Employee ID \_\_\_\_\_  
Current Assignment \_\_\_\_\_

Please complete the following information:

Name of Accredited Institution \_\_\_\_\_ Date Master's Degree Awarded \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Degree:  MA  MS  MBA  Other \_\_\_\_\_

Status of Verification:  Original transcript is attached

An official transcript has been requested

All official documentation is on file with Certification

Letter certifying award of degree from an accredited institution

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR OFFICE USE ONLY

**ACTION:** Date all official documentation is received \_\_\_\_/\_\_\_\_/\_\_\_\_

Date referred to MCPS/MCAAP Joint Collaboration Committee for review (if needed) \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments/Recommendations \_\_\_\_\_

Approved: Sent to ERSC for Action \_\_\_\_/\_\_\_\_/\_\_\_\_ Supplemental Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Disapproved: Notice sent to applicant \_\_\_\_/\_\_\_\_/\_\_\_\_

Reasons \_\_\_\_\_

Signature, Chief/Designee, OHRD \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_